coronary arteriography should be the potential benefit to the patient. These may be improved medical management whether medicinal, dietary, or perhaps change in overall life style. The other benefits include immediate surgical improvement of disabling and potentially mortal disease. Several present-day surgical series suggest profound improvement in symptoms and return to normal activity. It remains to be seen how long the improvement lasts in the large number of patients operated upon.

One must, therefore, critically assess the indications, risks, and potential benefits to each patient individually before submitting him to coronary arteriography.

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Efficacy Studies: Skull Radiography in Head Trauma

The role of skull roentgenograms in management of head trauma has been critically reviewed. Fractures are demonstrated in a small percentage and only rarely does the presence of fracture, by itself, modify treatment.

Fractures were demonstrated in 6.2 percent of 1500 patients of all ages (Seattle, 1969-70) and were pertinent to treatment (antibiotics for basal fracture, elevation or removal of depressed fragments) in 28 of the 93 patients.

Fractures were demonstrated in 8.6 percent of 570 children (Kansas City, 1969). The type and location of fracture had no important bearing on symptoms, physical findings, treatment or the need for hospitalization. Involvement of the middle meningeal groove or sagittal sinus was not significantly related to concussion, severe symptoms or subdural hematoma. The mere presence of fracture affected treatment in two of forty-nine patients.

The cranial contents may sustain severe injury within an intact skull, and bone injury seldom affects treatment. Skull radiography is requested more out of habit and concern over possible medico-legal implications than as a specific guide to treatment. More critical appraisal could result in substantial savings of time, money and radiation exposure without jeopardizing patient care.

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Coronary Arteriography in Acute Myocardial Infarction

Previously it has been recommended that left heart catheterization and coronary arteriography not be performed less than three to four months after acute myocardial infarction. However, recently several institutions have successfully undertaken coronary arteriography in critically ill patients with acute myocardial infarction. It is now realized that recent myocardial infarction is only a relative contraindication to coronary arteriography and that if a patient's condition is critical enough to warrant surgical intervention, coronary arteriography may be relatively safely undertaken.

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Asbestosis—Diaphragmatic Pleural Calcification

Isolated calcifications limited to the diaphragmatic pleural surface can occur after a latent period of approximately 20 years, following only a brief period of occupational exposure to asbestos. Asbestos is used commercially in approximately three thousand items and the general contamination of the urban atmosphere by asbestos